



## Assessment Form

**Clean Slate**  
Criminal Justice Substance Misuse Service

OFFICE USE ONLY	
Date received:	Client Id:
Referred by:	Assessed by:
If SELF, how did they hear about the service:	Assessment location:
Specific risk / need identified:	Probation Y / N
	Date:

### CLIENT DETAILS

**GDPR:** There is a privacy notice in each room - please read it

<p>DRUG <input type="checkbox"/> If drug(s) please state type:</p> <p>DRUG &amp; ALCOHOL <input type="checkbox"/></p> <p>ALCOHOL <input type="checkbox"/></p>	
<p><b>Title:</b> Mr / Mrs / Ms / Miss / other (please state)</p> <p><b>First name:</b> <b>Surname:</b></p> <p>Prefers to be known as:</p> <p><b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Not specified <input type="checkbox"/></p> <p><b>Date of Birth:</b> <b>Age:</b></p> <p><b>Address:</b></p> <p><b>Postcode:</b></p> <p><b>Home Tel:</b></p> <p><b>Mobile Tel:</b></p> <p><b>Email address:</b></p>	<p><b>G.P Name:</b></p> <p><b>Address:</b></p> <p><b>Tel:</b></p> <p>Currently receiving treatment? Y / N</p> <p>Currently on prescribed medication? Y / N</p> <p>Seen by GP in last month? Y / N</p> <p>GP aware of substance misuse? Y / N</p> <p><b>Pharmacy current/preferred:</b></p>
<p><b>Permission to be contacted:</b> Home Visit <input type="checkbox"/> Letter <input type="checkbox"/> Telephone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/></p>	
<p><b>Emergency Contact:</b> <b>Telephone:</b></p>	
<p><b>Medication:</b> Current <input type="checkbox"/> Recent Past <input type="checkbox"/> Past <input type="checkbox"/> None <input type="checkbox"/></p> <p>Type &amp; Dosage – List</p> <p>.....</p> <p>.....</p> <p>Prescribed by:</p>	<p><b>Known Allergies:</b> Y / N</p> <p>List:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>Barriers to Accessing Treatment? (include any disabilities)</b></p>	<p><b>Preferred Language:</b></p> <p><b>Is an interpreter required</b> Y / N</p>